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WAYS OF FEMALE SUPEREGO FORMATION AND THE FEMALE CASTRATION CONFLICT

BY EDITH JACOBSON, M.D.

Freud (1925) has repeatedly expressed the opinion that on the average, the female superego, compared with that of the male, is organized rather weakly, is unstable, and has no independence. In his last work on *Female Sexuality* (1931) he again expresses the same opinion. Convincingly, he explains the imperfect formation of the female superego by referring to the different development of the female castration conflict. The little girl does not develop real 'castration fear', which is the strongest causal factor in the overcoming of the œdipal conflict. Since the fear of loss of love does not have the same dramatic significance as the boy's castration fear, her œdipal wishes are only slowly and incompletely given up and do not leave behind a stable superego as the heir of the œdipus complex.

Studies of the female personality and clinical analytic experiences with female patients appear to confirm this view. We know, for example, about the greater frequency of compulsive narcissism in men and of hysteria in women. However, we have to question why the illness which is characterized by the merciless cruelty of the superego, the melancholic depression, occurs so predominantly in females.

Even more surprising is the fact that in the treatment of women whose superego appears to be weak and anaclitic, whose moral judgments seem to vacillate and to depend on those of the environment, the patients may suddenly show eruptions of cruel

Translated by Paula Gross.

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superego demands which had been formerly warded off. Such cases compel us to suspect that the formation of the female superego is much more complicated than we commonly assume.

Similar to the neuroses in general, we can also observe in the course of the last decades a change in the psychic structure in women at all social levels. This finds expression in their love lives as well as in the organization of their egos and superegos.

We may question how far the frequency of female frigidity has decreased. But there is very clearly a trend toward an expansion of the formerly rather limited female love life and the onset of the growth of an ego that is richer in sublimations and of a more independent and more stable, but by no means stricter, superego.

Of course, these developments have their roots in sociological changes whose discussion is not within the scope of this paper. These processes do not take the same course and do not present the same values in all countries. In any case, the liberation of women from old ties must result in a characteristic new form of feminine nature, which we cannot simply conceive of in terms of a 'masculinization' of females.

Certainly we may say that the modern woman would like to have the privileges of a more expansive sexuality; that having entered professional life, she aims at cultural sublimations which at an earlier time were left to men; and that she acquires a critical judgment and ego ideal of her own, which were uncommon in women of earlier times. To be sure, the emancipation of women in what Marianne Weber (1917) called 'heroic types' first produced a generation of 'masculine' women. However, we question how far feminine progress actually aims at a phallic development. I should regard such an interpretation as faulty, at least in many cases.

We recall in the paper by Sachs (1928), *One of the Motive Factors in the Formation of the Superego in Women*, that the oral type with *unsuccessful* superego formation, which he describes, was found very frequently among women of former generations. His other case, in which an independent superego

had developed, was a modern career woman, but not unfeminine and with a healthy feminine love life.

At any rate, in examining the female superego we must keep in mind the lack of uniformity in the female personality of our time.

If we want to probe more closely into the ways of female superego formation, we shall first have to deal with the problem of female 'castration fear', which is crucial for the understanding of superego formation, as stressed at the beginning of this paper. This seems to be at variance with the fact cited by Rado (1933), in *Fear of Castration in Women*, that in the mental life of women one can observe only derivatives of 'castration fear'. Also, I cannot share Rado's opinion that the castration fear of women reflects exclusively the fear, projected outside, of masochistic instinctual danger. The study of adult women, as well as observations of young children, has convinced me that, as already shown by other authors, for instance, Horney (1926), the little girl, too, has an original fear of bodily, especially genital, impairment. This fear, unlike the boy's, is not dictated by the oedipal relationship but develops during the preoedipal relation to the mother and undergoes certain modifications during later stages of development.

Melanie Klein (1929) has advanced the opinion that the most profound fear of the girl is that of 'destruction' of the inside of her body, a talionic fear based upon destructive impulses directed against the mother's body. This finding, however, can only be made fruitful by a close examination of the vicissitudes of the content of the fear during infantile instinctual development.

The fear of being robbed of the inside of the body occurs—in the boy as well as the girl—in the first years of life, in which pregenitality prevails. To the degree that the genitality of the little girl is exercised in clitoris masturbation and phallic strivings toward the mother, her fears of punishment are likewise concentrated on the genital organ, reaching their highest point with the discovery of the difference between the sexes. This

discovery generally leads the little girl, although by no means directly, to the simple horrifying conclusion: 'I am castrated'.

This traumatic experience is, of course, usually more diffuse and differentiated and extends over a much longer time. The painful discovery is often followed by greater preoccupation with the genital, and frequently by a period of increased masturbation. The terrified little girl, who begins to doubt her normal genitality, first tries to continue believing that everything is still all right and to prove it—for example, by masturbation and genital exploration. She grasps at assumptions and consolations of the same kind the boy uses in trying to fend off the impression of the female genital: the penis is merely too small as yet, it will surely grow bigger, and, above all, it may merely be hidden inside the body and it will surely come out.

This notion of an inner, invisible penis, which is linked to introjections connected with wishes and fantasies concerning the inside of the mother's body, seems to occur regularly and is fused later on with fantasies of pregnancy. Thus in female patients at a corresponding stage of treatment we may understand a demonstrative protrusion of the abdomen, not only as a miming of pregnancy but also, at a deeper level, as an exhibition of the penis lodged inside the body (see, Weiss, 1924). The fantasied displacement of the penis inside the body, in its turn, changes the castration fear into a fear of destruction of this internal genital. It further enhances phallic and urethral as well as exhibitionistic strivings. The little girl tries desperately to force out the imaginary inner penis with the jet of urine; in that way she will be able to show it. For example, a patient preoccupied with masculine illusions hoped that at least after her death the autopsy would finally reveal her hidden penis.

The assumption of an inner organ can, however, also be a favorable preparation for the development of normal genitality. I shall come back to this later.

For the time being, the little girl is roughly in the anxious situation of a person who concludes from certain symptoms that he is afflicted by an ominous illness. The fear of impairment of

the illusional inner penis combines with pregenital fears of damage to the body. I could find no characteristic difference in this reaction of the female when compared to the inner situation of the male neurotic who experiences, besides castration fear, anxieties lest he already be castrated. Such female 'castration fear' may well provide the motive for giving up masturbation; the little girl now makes efforts in this direction, sometimes after a phase of intensified sexual activity. These efforts are strongly supported by the increasing devaluation of the genital, corresponding to her narcissistic injury (Freud, 1931).

It often takes a considerable time for the anxious excitement of this period to turn into a depression indicating the final conviction of having been robbed genitally. Only then does the aggressive rebellion of the child fully set in. Vengeful impulses and wishes to recover the organ snatched away by the mother arise, the frustration of which leads to a final disappointment with the mother and to her derogation. Turning away from her, the child approaches the father, but with great ambivalence. This is the beginning of the œdipal relationship.

I cannot share the opinion of Melanie Klein (1932) that the wish for a penis accompanies the female œdipal wishes a priori. Neither the early infantile equation of the penis with the breast nor the regular occurrences of fantasies of getting the paternal penis out of the mother's body are to be disputed. But Klein's conception does not do justice to the influences exerted on the development of the female œdipal situation by the preceding narcissistic blow due to the trauma of being castrated.

The child's relation to her own genital during the ensuing period is marked by a derogation of the genital organ which predisposes her to frigidity and, in cases where it leads to a distinct reactive narcissism, may even threaten the establishment of object relations to men. The narcissistic wound will be healed with the help of the libidinal displacements to other parts of the body or to the body as a whole. Narcissistic compensations are initiated, such as the development of feminine virtue or the cultivation of feminine beauty, described by Harnik (1923); or

the impaired self-esteem may be relieved by the development of 'masculine' distinctions in other physical or mental areas.

What is decisive for the sexual vicissitudes and the recovery of genital self-esteem and feeling, however, is whether and how successfully the love relationship to the father develops. It must help the girl gradually to renounce her aggressive-masculine desire, to resign herself to the lack of a penis, to overcome the oral impulses to acquire the penis forcibly and to transform them into vaginal desires.

If female development proceeds in this way, we usually describe it as normal; in a certain percentage of cases, although it allows a healthier feminine future to the woman than if she were phallicly fixated, there is no greater capacity for sexual enjoyment. Helene Deutsch (1930) has aptly described this type of frigid but otherwise quite normal feminine woman. Such sexual frigidity is undoubtedly so prevalent, it is not surprising that Freud, too, assumes that in some cases frigidity may be due to an anatomical-constitutional factor (Freud, 1933). I am convinced, on the contrary, that the frequency of frigidity is determined experientially—i.e., given the typical current nature of causative experiences, it is socially determined. Influenced by contemporary values, such as fears of pregnancy, frigidity is generally the result of inadequate solutions of the castration conflicts which, aggravated by the oedipal prohibition, lead to a regressive fixation on phallic or pregenital positions.

Indeed the little girl's situation after the castration trauma is not designed to restore her healthy self-esteem. No amount of helpful explanation convinces the child of the existence of a fully valid female organ of pleasure; the hope for a future child is insufficient consolation in the present, and the higher social valuation of the male sex is not conducive to a healing of the narcissistic injury.

Thus I also found in patients who had reached a relatively normal feminine position that the vagina, even though libidinally cathected later on, had not become fully equivalent to the sexual forces preceding the castration trauma. This was due to

the fact that the female sexuality had been diverted into masochism by the castration trauma. The warding off of the revived oral-sadistic wishes for incorporation had led to a renunciation not only of the penis but of the patient's own genital organ. The phallus was yielded to the man—in expiation, as it were; on him it could now be loved, preserved intact, and only received in the sexual act, over and over again, like the maternal breast at an earlier time. Although with this development, the vaginal zone had begun to be erotized, at first the narcissistic compensation for the devalued genital became not the vagina but the paternal penis, or the entire love object equated with it, i.e., the father. The narcissistic cathexis had been displaced from the woman's own genital to the love object, and was reflected in a change of anxiety contents: following acceptance of their own castration and establishment of the œdipal relationship, the castration fear could be regressively equated with the fear of the loss of love. Fear of loss of the penis had been replaced by fear of losing the phallic love object, thus establishing an orally determined, narcissistic and often masochistic attitude toward the latter.

Not all women with such a sexual organization are frigid. As already mentioned, a displacement of the oral libidinal cathexis can cause the vagina to become the organ of pleasure in their later love life. As long as they feel secure in the possession of the man they love, these women are capable of vaginal pleasure and orgasm, but they react with frigidity, vaginismus, and pathological depression to any danger of losing the love object to whom they cling anxiously. It is striking, moreover, that although such women experience vaginal pleasure in coitus, they are often completely inhibited as far as masturbation is concerned, as I was able to observe in four cases. Lacking 'a genital of their own', they are absolutely dependent on the partner's penis for sexual excitement. Thus even though they experience pleasure in coitus, their genitality is really a sham since they experience the partner's genital as belonging to their own bodies. Such love relationships are marked by a narcissistic identification with the

man and his penis. The further the masochistic mastery of oral aggression against the man has gone—i.e., the stronger the impulses to rob him of his genital—the more complete the frigidity; erotization of the receptive organ, the vagina, thus may become totally impossible.

With necessary caution we may say that the mechanisms here described were almost regularly found in the normal married women of the last generation. But nowadays we observe—beside many phallic types, with which I shall not deal here—the beginnings of a development that is healthier from the libidinal-economical point of view.

The castration conflict then is resolved as follows. Renunciation of the penis is made possible by the more rapid and direct discovery of the female genital, and the child's female self-esteem is restored with the belief that she possesses an equally valuable organ of her own. The libidinal cathexis of the vagina likewise takes place directly and not merely through displacement of oral strivings. As I indicated above, the fantasies about an internal penis provide a bridge in the formation of the symbolic equations, penis=vagina and penis=child, since her belief in the hidden organ can spur the little girl to energetic investigation of her genital, leading to satisfactory knowledge about the vagina and vaginal masturbation. This is particularly successful in cases where masturbation is not prohibited and suitable explanation of the difference between the sexes furthers the process. Characteristic for women whose female genital feeling grows out of the assumption of a penis inside the body is a stronger fantasy of erotization of the deeper parts of the vagina, as well as of a general participation of the uterus in genital excitation and orgasmic satisfaction.

Once female development has been set upon this path, it will also place the relation to the love partner on a different basis than exists in the type I have described. This relation is not oral, narcissistic, and masochistic but active-genital. It permits a choice of the 'anaclitic type' (Freud, 1914) and vouchsafes a certain independence of the love object since it is less influenced

by the fear of loss of love. Rather it is influenced by a fear of vaginal injury (analogous to the male's castration fear), as Karen Horney (1926) has stressed. In so far as this fear refers also to the inner, deep-seated parts of the genital organ, Melanie Klein's opinion that the deepest female fear is a fear of destruction of body contents would again apply.

The complex character of female instinctual life, due to the peculiarity and depth of the castration conflict, of course affects female ego and superego formation as well.

For the sake of clarity I may remark that I do not share Melanie Klein's (1932) view that the earliest introjections of the parental figures should be regarded as the beginning of superego formation. Although the early identifications and anxieties are the foundation of the later superego and are therefore especially important for the understanding of superego formation, the fact that the formation of the superego as a distinct part of the personality is closely connected with the dissolution of the Œdipus complex should not be obscured. We should speak of a superego only when a uniform, consolidated structure becomes observable (*cf.*, Fenichel, 1926). To be sure, this comes earlier in the little girl than in the boy—approximately at age three, precisely in the phallic phase in which the castration fear, intensified by her beginning doubts as to the normal character of her genital, drives the child to struggle against masturbation and detachment from the mother.

Thus one might describe the first stage of the female superego as 'heir of the negative Œdipus complex'. With the passing of the pre-œdipal tie to the mother, the nucleus of the female superego—and to a certain degree also of the male superego—is 'maternal-phallic'. After all, during the first years of life the mother takes precedence in all respects; she takes first place as the object of love and identification. The spur to superego formation persists—at first becomes even stronger—when the little girl can no longer avoid the fact of being 'castrated'. At a time when the greatest demands on her psychic strength are

made, one can observe the development of intense efforts to be good and to build up the ego ideal of a modest, gentle, obedient, clean little girl, perhaps in opposition to an unruly, cheeky, dirty little boy.

The content of this first, typically feminine ideal of virtue is determined, of course, by the experience of 'castration'; it militates particularly against the revived oral-sadistic and phallic-aggressive strivings toward mother and father, as well as against the anal devaluation of her own and the mother's genital organs. We also see here the substantial contribution of orality to female superego formation, which Sachs (1928) pointed out. Not only the features of resignation, which he cites as characteristic of the female superego, are shaped at this time, but all the cardinal female virtues of bodily and mental purity and of patient resignation are ideals which the woman acquires through the usual course of her castration conflict.

During the next period of development, however, the organization of the female superego does not progress with the same intensity. The little girl's moral efforts seem to be so exhausted by her acceptance of castration that we observe instead a retrogression in her superego formation. The inhibition is closely connected with the child's relation to the paternal penis. A comparison with male development is relevant here: the process of superego formation in the boy might be characterized by saying that instead of taking possession of the paternal penis (in order to have intercourse with the mother)—i.e., instead of 'castrating' the father—, he incorporates certain phallic qualities of the father. The female superego formation proceeds analogously at first, with the mother as the object of identification. However, the situation changes in the little girl when the castration conflict is resolved and her relation to the father begins to flourish. He now replaces the mother as the center of object-libidinal as well as narcissistic strivings. In the struggle between them, the phallic narcissism of the girl gives way to object libido, while the boy sacrifices his oedipal wishes in order to preserve his penis.

Incidentally, this characterizes the peculiarities of male and female narcissism. The latter merges into object love, finding its expression in it; the former takes precedence over object love.

Thus, if the girl adopts the female position, the castrative wishes directed at the father are not warded off with the aid of phallic partial identification with the father in a superego, but by an elaboration of object relationship in which the possession of the father as love object—ensured by reception of the penis in the sexual act—compensates her for giving up the genital. The projective process furthering this development, in which one's own genital is renounced and the narcissistic genital cathexis transferred to the father, also results in a projection of the superego (equated with the desired phallus) upon the love object which is thereby elevated to serve as superego. From then on the female anxiety of conscience becomes to a certain extent a secondary 'social anxiety'; above all, the opinions and judgments of the love object become decisive and—like his penis—can always be taken from him again. On the other hand, from the libidinal-economical point of view, the superego's projective dependence on the father provides relief to the little girl's ego which was overtaxed by her castration conflict.

A brief example may illustrate the process of such superego projection. A patient asserted at the beginning of treatment that she was a typical case of social anxiety. She stated that she had no value judgment of her own, but adopted the values of her current environment. The patient seemed to be right. Notwithstanding outstanding intelligence, in her judgment and behavior she displayed a striking dependence on her love objects. But in the course of her treatment it became clear that her assertion of lacking any value judgment meant to her lacking a penis, being 'castrated'. This open admission of her deficiency was intended to deny her wishes to introject the penis—her fantasy of having one of her own. She then revealed the masochistic elaboration of her vehement, aggressive incorporation impulses toward the father's phallus and, respectively, on a deeper level, toward the mother's body. To her love object she surrendered

not only her 'penis' and all the genital activity, but also her superego. In spite of her cleverness, she developed an infantile-oral attitude toward her lovers who had to confide their love experiences to her—i.e., share their riches with her—and also to dictate every step of her life. Only after understanding these connections did the patient reveal the desire not only for a genital organ and a sexual life of her own but also those manifestations of her superego which she had denied, repressed, and warded off by projection.

This mechanism, which was unusually obvious in my patient, seems to be typically female. Thus the development of a female-masochistic and orally determined attitude to the object leads in many cases to warding off the superego, and especially to a projective dependence of the superego on the father as well as on the mother when, as rival, she again becomes the object of identification. This process is contrary to the further development of an independent female superego. To the woman's sexual dependency on the love object is added the female tendency to love the embodiment of her own sacrificed ego ideal in the man, or to acquire his superego through her love. This is illustrated by Sachs (1928) in his description of the oral type of woman who depended upon the opinions and standards of her former lovers—i.e., she required the real incorporation of the penis for her development of a pseudo-superego.

It is not surprising that women with such libidinal organization may become melancholic despite an apparently weak superego; indeed they are predisposed to it by their orality. A later prevalence of introjective mechanisms causes the projection of the superego to be withdrawn again, and the repressed early infantile superego makes a cruel reappearance, flooding the ego with archaic fears.

The formation of the superego is much more successful when the vagina is accepted as a fully valued genital. The more genital the attitude of the little girl is during the œdipal phase, the more analogous is her ego and superego development to that of the male.

Castration fear has its counterpart in the female fear of injury to the genital. An independent ego ideal is formed in which traits of the father are included when the maternal model is insufficient, but this would not necessarily be described as a 'male superego'. Under the influence of heightened female self-esteem and a better organized superego, the ego of course is also expanded and enriched. The objection may be raised that the ego and superego development outlined here would be characteristically 'phallic'. The decisive difference, however, lies in the different libidinal organization, which finds expression in the lack of rivalry with the man, in healthy social and love relationships, and in the development of an ego and superego qualitatively different from the male's. I refer once more to the second female character described by Sachs (1928), which he defines as normally female.

To this translation of my 1937 paper, I now add a note. The difficult delimitation of the 'masculine woman' can be explained by the fact that the image of a 'truly feminine' woman is rooted in traditional standards. Furthermore, the female 'vaginal' character with an independent superego, a strong, effective ego, and healthy expansive sexuality—historically originating from the oral-narcissistic and masochistic woman by way of the phallic woman—is only beginning to prevail. Hence a 'future female type' remains even now, forty years after this paper was written.

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